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Date: October 14, 2003
**Pages including this
cover page:** 11

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TAMMIE B. McFARLAND (828) 901-6792

RE: Serial No. 10/036,027
Filed: December 26, 2001

Following please find:

1. Reply Under 37 C.F. R. Sec. 1.111 – Response to Office Action
Dated July 21, 2003; and
2. Fee Transmittal Sheet.

Confidentiality Note: This facsimile message is intended only for the use of the individual or entity named and it may contain information that is confidential, proprietary and/or legally privileged. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone (828/327-5204) and return the original message to the attention of LEGAL DEPARTMENT, CORNING CABLE SYSTEMS, P.O. BOX 489, HICKORY, NC, 28603-0489, via regular mail or otherwise. Thank you.

FEE TRANSMITTAL for FY 2003

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	\$18.00
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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account No. 19-2167

Deposit Account Name Corning Cable Systems LLC

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1):					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims . 20** = 1 X 18.00 = 18.00

Independent Claims - 3** = X 96.00 =

Multiple Dependent =

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2): \$18.00				

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY:			Complete (if applicable)		
Name (Print/Type)	Michael E. Carroll, Jr.	Registration No. (Attorney/Agent)	46,602	Telephone:	(828) 901-6725
Signature	<i>Michael E. Carroll, Jr.</i>	Date	<i>October 14, 2003</i>		